

ENROLLMENT APPLICATION

Children's BEST Learning Center

998 Lake Joy Road

Warner Robins, GA 31088

953-8676/FAX 953-2895

Entrance Date _____ (Office Only) Withdrawal Date _____

Child's Name _____

Name preferred _____ Sex _____ Age _____ Birth Date _____

Address _____

School previously attended _____

Reason for non-return _____

Does any outstanding balance exist with other school? _____ YES _____ NO

If yes, explain: _____

How did you learn about our center? _____

Has applicant ever had any discipline or emotional problems in school preschool/
daycare? _____ YES _____ NO If yes, explain:

Has applicant ever been suspended or expelled from preschool/daycare?
_____ YES _____ NO

My child has the following special needs: _____

Is child potty trained? _____ YES _____ NO

Does your child have any identifying birthmarks? _____ YES _____ NO

If yes, please identify in detail: _____

Does child take medication on a regular basis? _____ YES _____ NO

If yes, explain: _____

Allergies or other medical or drug-related limitations? _____

Family Doctor _____ Phone _____
Doctor's Address _____

Parental Status: _____ Married _____ Divorced _____ Separated
_____ Father Deceased _____ Mother Deceased

Father's Full Name _____

Father's Address _____

Father's Employer _____

Father's Employer's Address _____

Phone _____ Work Phone _____ Cell Phone _____

Mother's Full Name _____

Mother's Address _____

Mother's Employer _____

Mother's Employer's Address _____

Home Phone _____ Work Phone _____ Cell Phone _____

Child's Living Arrangements _____ Both Parents _____ Mother _____ Father _____ Other

Child's Legal Guardian(s) _____ Both Parents _____ Mother _____ Father _____ Other

Name of other household members/relationship

Name/Relationship

Name/Relationship

NOTE: This Enrollment Application is the first step in enrolling your child in Childrens Best Learning Center. You will be required to complete the enrollment process with additional information before your child is enrolled.